

MAIL FILED DOCUMENTS TO:

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REMINDER:

1. Submit original and 2 copies.
2. Filing fee \$23.00.
3. Please provide return envelope, if mailed.

TOM DALY
ORANGE COUNTY CLERK-RECORDER
630 N. BROADWAY RM. 106
POST OFFICE BOX 238
SANTA ANA, CA 92702-0238

**THIS STATEMENT WAS FILED
WITH THE COUNTY CLERK-RECORDER
ON THE DATE INDICATED BY
FILE STAMP ABOVE.**

STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

To ensure a prompt and accurate record of your filing, type or print in black ink only.

THE FOLLOWING PERSON(S) HAS (HAVE) ABANDONED THE USE OF THE FICTITIOUS BUSINESS NAME:

1.	FICTITIOUS BUSINESS NAME(S) A _____ C _____ B _____ D _____	Phone No. () _____																
2.	STREET ADDRESS, CITY & STATE OF PRINCIPAL PLACE OF BUSINESS _____ STATE _____ ZIP CODE _____																	
3.	The Fictitious Business Name referred to above was filed in Orange County on _____ FILE NO. _____																	
4.*	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">Full Name of Registrant _____</td><td style="width: 20%;">If Corporation— State of Incorporation _____</td></tr><tr><td colspan="2">RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____</td></tr><tr><td colspan="2">Full Name of Registrant _____</td></tr><tr><td colspan="2">If Corporation— State of Incorporation _____</td></tr><tr><td colspan="2">RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____</td></tr><tr><td colspan="2">Full Name of Registrant _____</td></tr><tr><td colspan="2">If Corporation— State of Incorporation _____</td></tr><tr><td colspan="2">RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____</td></tr></table>		Full Name of Registrant _____	If Corporation— State of Incorporation _____	RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		Full Name of Registrant _____		If Corporation— State of Incorporation _____		RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____		Full Name of Registrant _____		If Corporation— State of Incorporation _____		RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____	
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5.**	(CHECK ONE ONLY) This business is conducted by () an individual () a general partnership () a limited partnership () an unincorporated association other than a partnership () a corporation () a business trust () co-partners () husband and wife () joint venture () Limited Liability Co. () Other—Specify: _____																	
6.	<p>If Registrant is <u>NOT</u> a corporation sign below:</p> <p>Signature _____</p> <p>I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)</p> <p>_____ (Type or print name here.)</p>	<p>If Registrant is a corporation sign below:</p> <p>_____ Corporation Name</p> <p>_____ Signature and Title of Officer</p> <p>I declare that all information in this statement is true and correct. (A registrant who declares as true information which he or she knows to be false is guilty of a crime.)</p> <p>_____ Print or Type Officer's Name and Title</p>																